

GUIDELINES FOR SERVING THE LEARNING DISABLED

I. LEGAL BASIS:

The Rehabilitation Act of 1973 (Public Law 93-112) as amended by Public Laws 93-516 and 95-602; 34 CFR 361.

II. POLICY STATEMENT AND PURPOSE:

This section reflects the agency's policy and procedure governing the provision of rehabilitation services to that segment of the population diagnosed as "Learning Disabled".

III. DEFINITION AND ELIGIBILITY CRITERIA:

Individuals who have a disorder in one or more of the neuropsychological processes involved in understanding, perceiving, or using language, or concepts (spoken or written)-- a disorder which may manifest itself in problems related to listening, thinking, speaking, reading, writing, spelling, or doing mathematical calculations -- would be eligible to receive vocational rehabilitation services if they satisfy the following criteria.

- A. Their psychological processing disorder is diagnosed by a licensed physician and/or a licensed or certified psychologist who is skilled in the diagnosis and treatment of such disorders; and
- B. The disorder results in functional limitations which create substantial impediments to employment requiring vocational rehabilitation services to become employed.

IV. STATISTICAL REPORTING CODE:

For reporting on the MIS Form, code #632 has been designated for individuals disabled by a Specific Developmental Disorder. This code is for disorders of specific areas of development not due to another disorder. Individuals who have learning problems which are caused by one or more of the following conditions (visual impairment, hearing impairments, motor handicap, mental retardation, emotional disturbance) may be eligible for vocational rehabilitation services under other disability categories.

V. TYPES OF LEARNING DISABILITIES:

Learning disabilities is a generic term that refers to heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking reading, writing, reasoning or mathematical abilities. The Specific Developmental Disorders as now identified as mental disorders by the American Psychiatric Association in Third Edition of the "Diagnostic and Statistical Manual of Mental Disorders" (DSM III) are as follows:

- A. Developmental Reading Disorder
- B. Developmental Arithmetic Disorder

- C. Developmental Language Disorder
- D. Developmental Articulation Disorder
- E. Mixed Specific Developmental Disorder
- F. Atypical Specific Developmental Disorder

VI. EVALUATION AND DIAGNOSIS:

The appropriate source of diagnosis of Learning Disabled for the school age population is the local school system. Therefore, any Learning Disabled referrals from school systems must be accompanied by the report from the school psychologist or Multi-Disciplinary Team (MDT) diagnosing the youngster as Learning Disabled, together with the results of the medical/and or psychological evaluative procedures used in arriving at that diagnosis. In addition to the information obtained from the source of referral and from the survey interview, up-to-date medical information is essential to establish the extent of the disability as reported. For adult referrals, a request will be made of client's previous local education agency to secure the same information as required of the school age population. When such medical and psychological data is not available, complete or current from referral sources, the counselor will authorize the appropriate medical and psychological evaluation.

Psychological testing should include evaluations of intelligence and achievement to rule out mental retardation and to establish a baseline of educational expectancy. Such testing should also determine whether the ability to learn language, read, spell, and/or calculate is significantly below expectancy.

Selection of appropriate psychological assessments will be done in consultation with, and by approval of the agency's psychological consultant.

The agency recognizes the following diagnostic procedures and standards in the determination of eligibility.

RECOGNIZED DIAGNOSTIC TEST FOR: STANDARDS FOR "SIGNIFICANTLY BELOW EXPECTANCY"¹

1. Intelligence

WISC-R or WAIS - Full Sub-Test Profile or
Stanford-Binet

☐ Normal Expectancy is 85 or greater on either
verbal or performance scale

☐ A verbal - performance discrepancy of 15 points

¹Two years or more below expected grade level, e.g., a tenth grader with a normal I.Q. (90-110) reading at the eighth grade level or below; also, a tenth grader with a 140 I.Q. only reading at tenth grade level.

or more

☐ Sub test scatter

2. Achievement

Wide Range Achievement(WRAT)

☐ At or below the 25th percentile

☐ A discrepancy of 20 points between measured intelligence and the standard score of the WRAT is substantial indication of presence of Specific Learning Disability

☐ At or below the 25th percentile

Peabody Individual Achievement Test

3. Reading

Spache Diagnostic Reading Test

☐ Grade level test scores inconsistent with measured intelligence*

☐ Grade level test scores inconsistent with measured intelligence*

☐ Grade level test scores inconsistent with measured intelligence*

Woodcock Reading Mastery Test

4. Spelling

Test of Written Spelling

☐ Grade level test scores inconsistent with measured intelligence*

5. Mathematics

Key Math

☐ Grade level test scores inconsistent with measured intelligence*

☐ Grade level test scores inconsistent with measured intelligence*

Bobbs-Merrill

6. Language

Detroit Test of Learning Aptitude

☐ Age Equivalency

Myklebust Picture Story

☐ Clinical judgment

**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES
POLICY AND PROCEDURES MANUAL**

**Section 115.24
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Language Test

Eisenson Aphasia Test ☐ Clinical judgment

Woodcock-Johnson Psychoeducational Battery ☐ Clinical judgment

7. Visual/Perceptual

Bender Visual Motor Gestalt Test ☐ Clinical judgment

Benton Visual Test ☐ Clinical judgment
Detroit Battery

8. Auditory

Goldman Fistoe Woodcock ☐ Clinical judgment

Wepman Auditory Discrimination Test ☐ Clinical judgment

The preceding list of recognized diagnostic tests should be considered as a core for diagnostic purposes and utilized in evaluations for Specific Learning Disabilities. Since diagnostic tests of equal value may be preferred by various diagnosticians, other recognized tests may be appropriately utilized.

Diagnosis - If the medical and psychological evaluations do not state a definitive diagnosis, but the above standards are clearly met and all other primary diagnosis have been ruled out, the Medical Consultant, in consultation with the Psychological Consultant, when indicated, will record on the Agency's consultant form the diagnosis giving the specific disorder according to the DSM III revised.

NEUROPSYCHOLOGICAL TEST BATTERIES

For those individuals for whom the above test results are not already available, counselors may authorize neuropsychological test batteries to assist with the diagnosis as well as case planning activities.

This evaluation consists of a battery of tests in the following areas: motor; rhythm; tactile, visual, and auditory perception; speech (receptive and expressive); academic achievement including writing, reading (including reading comprehension), and mathematics; memory; intellectual processing; ability to learn; and reasoning. The two most common batteries are the Halstead-Reitan and the Luria-Nebraska.

The need for these assessments must be approved by the agency's psychological consultant. If neuropsychological test batteries are utilized to determine eligibility or rehabilitation needs, the report should contain the following:

1. The limitations of the specific learning disability and their effects upon the client's functioning. These limitations should be described in functional terms relating to the areas of sensory-perceptual, motor, psychomotor, linguistic, and cognitive skills.
2. Prognosis for overcoming these limitations.
3. Recommendations and/or treatment plan for dealing with these limitations, particularly in relation to vocational planning and placement.

VII. ELIGIBILITY DETERMINATION

Although diagnostic instruments and examinations provide considerable information concerning a specific learning disability, it is only one aspect in determining a client's eligibility for agency services. Demonstrated, too, must be the manner in which the limitations of the specific learning disability constitutes a substantial impediment to employment for the individual client.

When determining overall eligibility for agency services, it will be helpful to consider such factors as the presenting symptomatology; relevant dynamics (gross mental disturbances, emotional reactions, psychosomatic features, prominent adaptive strengths, defense mechanisms, etc.); and, the client's milieu (appearance, mannerisms, behavioral patterns, developmental history, social relationships, etc.).

By the same token, these factors will assist in evaluating the severity of the specific learning disability so that a determination of and designation of "individual with a significant disability" can possibly be made. Learning Disabilities do not categorically confer status as "Significantly Disabled"; therefore, their functional aspects must be addressed and demonstrated.

Addressing these dynamics in terms of vocational rehabilitation expectations will then lend itself more appropriately to the development of the client's IPE.

VIII. REHABILITATION SERVICES

Services to be provided for this disability group will be at the discretion of the counselor in consultation with the supervisor and agency consultative staff. Agency sponsored remediation services such as language therapy, tutoring in mathematics, remedial reading and visual perceptual therapy should only be provided to the entry level required for the selected vocational objective agreed upon the IPE, and then only to the extent they are not available as a similar benefit through a local educational agency.

The cost of remedial services for Specific Developmental Disorders will not be authorized by the agency while the youngster is still under the jurisdiction of a local educational agency (LEA).